



**TEXAS DEPARTMENT OF HEALTH  
MILK AND DAIRY PRODUCTS DIVISION**

**OUT OF STATE  
MILK OR DAIRY PRODUCTS PROCESSOR PERMIT APPLICATION**

Return this completed application to THE TEXAS DEPARTMENT OF HEALTH, MILK AND DAIRY PRODUCTS DIVISION, 1100 WEST 49TH STREET, AUSTIN, TEXAS 78756-3182. There is no permit fee required for an out-of-state milk processing plant to distribute, transport or sell in Texas. There is, however, a required monthly fee of one cent per 100 pounds of the total volume of milk and dairy products sold in Texas.

**FAILURE TO PROVIDE ALL INFORMATION REQUIRED BY LAW WILL DELAY PERMITTING**

Complete in Full (Print or type):	Plant Identification Code: _____ (Issued by regulatory agency)
Name under which business is conducted: _____ Processing Plant	
Location Address: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><span>Address</span><span>City</span><span>State</span><span>Zip Code</span></div>	
Mailing Address for billing purposes: _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"><span>Mailing Address</span><span>City</span><span>State</span><span>Zip Code</span></div>	
Legal name of company: _____	
Company telephone number: _____	
Telephone number of contact person regarding permit/billing questions: _____	

List of Products to be Distributed in Texas: _____ _____ _____
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Name, Address and Telephone Number of Distribution Points in Texas: _____ _____ _____
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**VERIFICATION:** I swear or affirm that the above statements are true and correct. I further certify by signature hereon, that I am not currently delinquent in the payment of any corporation franchise taxes owed the state of Texas under chapter 171, tax code; nor am I delinquent in the payment of any child support owed under chapter 232, family code. I further certify that I have read & understood the applicable provisions and requirements of Chapter 435, Texas Health and Safety Code, and the rules and regulations as promulgated by the Board of Health of the State of Texas. I also authorize the Federal Milk Marketing Order to make butterfat, solids-not-fat analysis results, and monthly production data available to the Texas Department of Health.

\_\_\_\_\_  
Signature of owner, partner, president or corp. designee  
(cannot be manager)

\_\_\_\_\_  
G Owner  
G Partner  
G President  
G Corp. designee - copy of resolution must accompany application

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant